



THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF PUBLIC SAFETY

PLEASE SUBMIT APPLICATION TO:
ONE ASHBURTON PLACE, ROOM 1301, BOSTON, MASSACHUSETTS 02108

RENEWAL OF TICKET RESELLERS LICENSE

Description

No person shall engage in the business of reselling any ticket or tickets of admission or other evidence of right of entry to any theatrical exhibition, public show or public amusement or exhibition without being licensed therefor by the Commissioner of Public Safety.

Personal

Must complete Ticket Reseller Application

Must submit to a criminal records check

Applicant will be notified of additional requirements after application is received

Professional

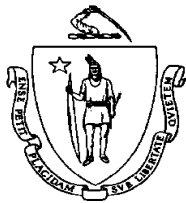
Must provide affidavits or recommendations from two reputable Massachusetts citizens verifying the reputation of the applicant

Fees

License is \$250.00

Agency

Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108
(617) 727-3200 ext. 25237



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RENEWAL Ticket Reseller fee \$250.00

Applicant Information:

Name _____

Residence _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name _____ E-Mail Add. _____

Business Address _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Date of Birth _____ Place of Birth _____

Mother's Full Maiden Name _____

Father's Full True Name _____

Please Complete the Following:

Have you registered your business name in accordance with C 110, S.5, Mass General Laws? _____

Are you engaged in representing an agency outside the Commonwealth? _____ If so, give name and address of any such individual or outside agency.

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

By: _____
Signature of Individual or Corporate Name Corporate Officer (if applicable)

Social Security Number of Individual Federal Identification Number

☐ (OPTIONAL)

Please check here if English is not your primary language **AND** your ability to read, write, speak, or understand English is limited. If you checked the box, please indicate what your primary language is:

Arabic	Chinese	French	German	Italian	Korean	Polish
Portuguese	Russian	Spanish	Tagalog	Vietnamese	Other _____	



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CORI REQUEST FORM

Massachusetts Department of Public Safety-Special Licensing Unit has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ - _____ - _____
(Requested but not required)

ADDRESS: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE